

*Morris E. Baker*  
 Town County

Died at

*Snowden Farm, Balto*  
 Month Day Y. M. D. Native of

MARYLAND

Occupation

Date 1902

*Jan 16*  
 Month Day

Age *8*  
 Y. M. D.

*7 M A*  
 Native of

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*7 days*  
*AS*

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John T. Belt  
 Died at <sup>Town</sup> Mt Washington <sup>County</sup> Balto MARYLAND

Date 1902 1 15 Age 65 Y. M. D. Native of U. S. Occupation None  
 Male White Married Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ Single Widower Number of children living 3

Husband of not living  
 Wife not living  
 Father's Name not living Mother's Name not living 79

Cause of Death { Primary Bronchitis and Asthma How long sick 79  
 { Immediate Dilatation of Heart Accident, Suicide, Homicide

Reported by Morris B. Shanks M.D.  
 Address Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A S Marshall  
Balts. Secretary.

Name in Full

Certificate of Death

Luther Meredith Birmingham  
 Town *Shane* County *3 Baltimore* MARYLAND  
 Died at  
 Date *1902* Month *1* Day *14* Age *70.10.17* Y. M. D. Native of *md* Occupation *Farmer*  
 Male White Married ~~Wid~~ ~~Div~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *6*

Husband of *Abnerda Hankins*  
 Wife  
 Father's Name *Matthew Birmingham* Mother's Maiden Name *Elizabeth Meredith*  
 Cause of Death { Primary *Hemiplegia May - 1900* How long sick *Died suddenly*  
 Immediate *Angina Pectoris* Accident, Suicide, Homicide

Reported by *W. M. M. and Sterling M. O.,*  
*Shane,*  
*md.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Belinda Bloom

Died at <sup>Town</sup> Mt Washington <sup>County</sup> Balto MARYLAND

Date	1902	Month	1	Day	22	Y.	77	M.	—	D.	—	Native of	U. S	Occupation	Housework
	Male		White		Married				Widow				Divorced		
	Female		Colored		Single				Widower					Number of children living	Four

Husband of —  
Wife

Father's Name	not-Living	Mother's Name	not-Living
---------------	------------	---------------	------------

Cause of Death	Primary	Catarrh of Lungs & Asthma	How long sick
	Immediate	Dilatation of Heart	Accident, Suicide, Homicide

Reported by Morris Shanks M.D.  
Mt Washington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. S. Marshall

Ston Chaplin

Woburn

Barnell Co

md



Name in Full

Certificate of Death

James Bond

523

Died at <sup>Town</sup> Canton <sup>County</sup> Baltimore MARYLAND

Date 1902 Month 1 Day 2 Age 4.8 Native of Md. Occupation None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
Wife

Father's Name Samuel Bond Mother's Maiden Name Frances Bristley

Cause of Death { Primary Memb. Laryngitis Immediate How long sick one day Accident, Suicide, Homicide

Reported by Geo. L. Wilkins M.D.

Address 16 N. Broadway Balto. Md. Mr. G. F.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Redeemer Cemetery  
Germanus Franca  
Undertaker

Name in Full

Certificate of Death

Emma Brady

527

Town

County

Died at

Canton

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 8.

Age

14

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Samuel Brady

Mother's

Maiden Name

Katie Bellman

Cause of

Primary

How long sick

about 2 days

Death

Immediate

Anastasia

Accident, Suicide, Homicide

Reported by

Address

J. W. Williams  
152 2326 Fairmount St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75608

Baltimore Cemetery  
Germanus Isaac  
Undertaker

Name in Full

Certificate of Death

*John P. Brehm*

Town

County

MARYLAND

Died at

*Conquest town*

*Bach*

Occupation

Date

*1902*

Month

Day

Y.

M.

D.

Native of

Age

*65*

*Germany*

Male

White

Married

~~Widow~~

Divorced

~~Female~~

~~Colored~~

~~Single~~

Widower

Number of children living

*1*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*Syphilis degenerate*

How long sick

*about 1 yr*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*W. J. O. Myr*

Address

*W. J. O. Myr*

*134*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Theodore Forbes Briscoe

Town

County

Died at

MARYLAND

Near Towson, Baltimore -

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 23

Age

2

Md.

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

James Briscoe

Sophia Howard Lee

Cause of

Primary

Pneumonia

How long sick

Two days

Death

Immediate

Cardiac Paralysis

Accident, Suicide, Homicide

Reported by

Chas. M. Franklin

Address

Towson Md.

Sheppard &amp; E. P. Kopl.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





*Junima Burnham*  
 Town County

Died at *Grants* *Balt* MARYLAND

Date 1902 *Jan* *15* Age *71* *3* *28* *Ind* *Wom*  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widow~~ ~~Number of children living~~

Husband of *64*  
 Wife

Father's Name *George Burnham* Mother's Maiden Name *not known*

Cause of Death { Primary *Chronic Endarteritis Cerebri* about 2 months  
 Immediate *Apoplexy - Hemiplegia & Coma* How long sick  
~~Accident, Suicide, Homicide~~

Reported by *R. J. Triple* *Ind*

Address *Grants* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles H. Bush

Town

County

Hobbsville

Baltimore Co

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 25<sup>th</sup>

Age

51

V. S

Blacksmith

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Nephritic nephritis

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

A. C. Swink M.D. 20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Patrick Butler

Died at <sup>Town</sup> Cockeysville <sup>County</sup> Waldo MARYLAND

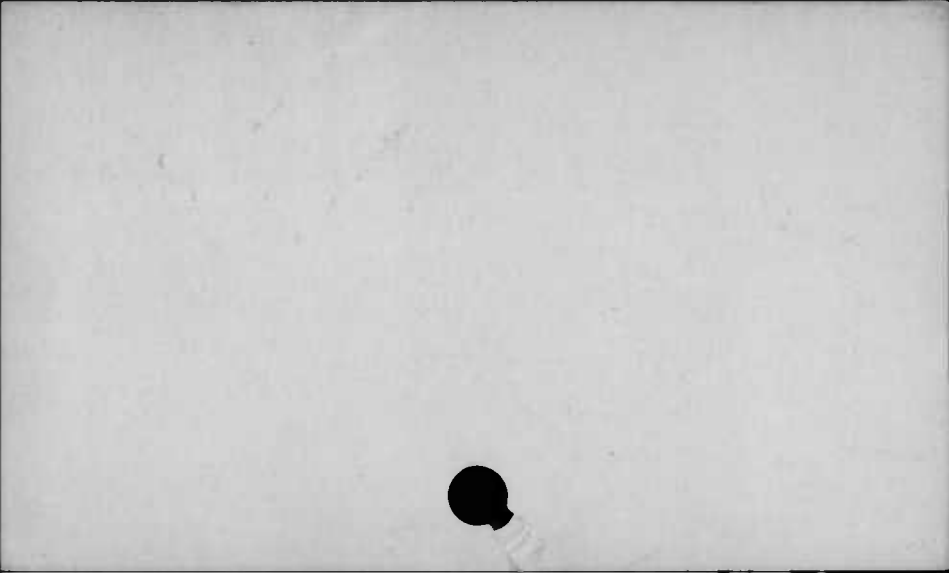
Date 1902 Jan 28 | Age 76. | Native of Ireland | Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5Husband of Mary Sullivan 106  
Wife  
Father's Name John Butler Mother's Name Alice  
Maiden Name UnknownCause of Death { Primary Gastric-Enteritis How long sick 7 days  
Immediate General Failure - cardiac ~~accident~~  
~~accident~~ ~~suicide~~ ~~homicide~~

Reported by Dr W. B. Hansen

Address 1 Cockeysville Waldo Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Cadogan

Town

County

Died at Dickeyville Baltimore

MARYLAND

Date 1902 1 13 Age 70 4 13 Inland Housewife  
 Male White Married Widow Divorced  
 Female ~~Colored~~ ~~Single~~ Widower Number of children living 7

Husband of  
 Wife Thomas Cadogan

Father's Name Thomas Benville Mother's Name Margaret Benville

Cause of Primary Carcinoma (Intestinal) How long sick 1 year

Death Immediate Cardiac Asthenia Accident, Suicide, Homicide

Reported by J. C. Mummery M.D.

Address Dickeyville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968





Name in Full

Certificate of Death

James I. Cahill

Died at <sup>Town</sup> *Int St Josephs College* <sup>County</sup> *Baltimore County* *MARYLAND*Date 19 *02* <sup>Month</sup> *January* <sup>Day</sup> *15* Age *26. 6 27* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> *Maryland* <sup>Occupation</sup> *Religious*  
Male ☒ White ☒ ~~Female~~ ☐ ~~Colored~~ ☐ ~~Single~~ ☐ ~~Widow~~ ☐ ~~Divorced~~ ☐ ~~Number of children living~~ ☐Husband of *=*  
Wife *=*Father's Name *1050*  
Mother's Maiden NameCause of Death { Primary *Chronic Diarrhoea* How long sick *about one year*  
Immediate *Exhaustion* *Accident, Suicide, Homicide*Reported by *John B. Kellyday M.D.*  
*714 Pratt Ave Baltimore*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis Carey

519

Town

County

Canton

Balt

MARYLAND

Died at

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

2

Age

1

11

18

Pa

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Adam Carey

Mother's

Name

Mary Carey

Cause of

Primary

Siphilitica. Laryngeal

How long sick

24 hrs

Death

Immediate

Pneumonia,

Accident, Suicide, Homicide

Reported by

D. W. Jones M.D.

Address

1 3118 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

H. E. Hughes

17 S. Broadway

C & P. 3385m

Nathan C. Carter

Town

County

Died at Lawrence

Baltimore

MARYLAND

Date 1902 Jan 7

Age 46

M. D.

Native of

United States

Occupation

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband  
of  
Wife

Father's Name John Carter

Mother's Name Rachel

Cause of Primary

Phthisis Pulmonalis

How long sick

10 months

Death Immediate

Anemia

~~Accident, Suicide, Homicide~~

Reported by

Address

Geo. F. Come  
Gardenville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Biss



Name in Full

Certificate of Death

Joseph C. Cathell

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Jan. 2

Age 68-11-12

Md.

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Levi Cathell

Priscilla Cannon

Cause of

Primary

Pneumonia

How long sick

Two weeks

Death

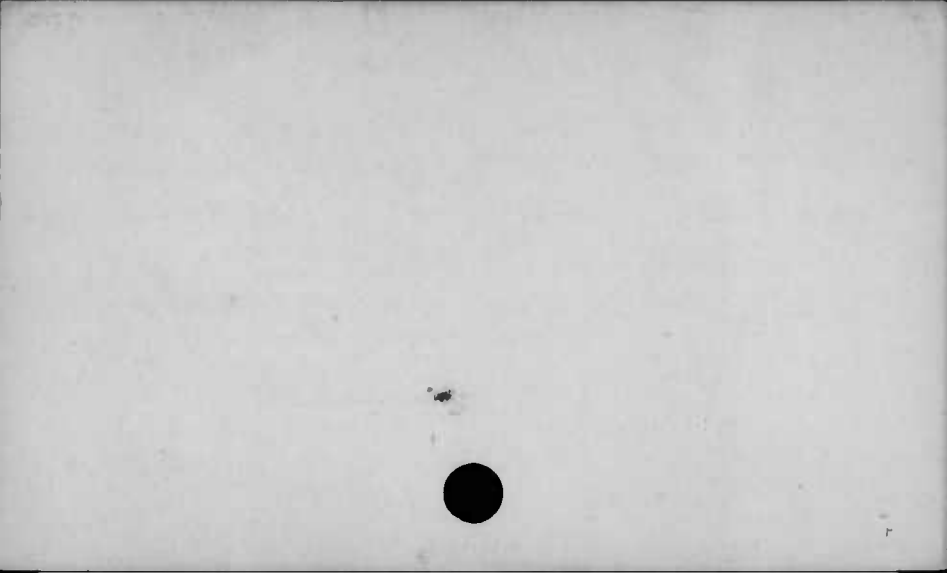
Immediate

Accident, ~~Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Widow~~~~Divorced~~~~Widower~~

Number of children living

MARYLAND

Joseph L. Chason  
Reisterstown Balto

1902 1 23 65 8 11 Md Painter

Female Colored Single 7

Isabelle S. Mullhan

Geo Andrew Chason May Ann Chason

Primary Paralysis 64 How long sick 700 days  
Immediate Cerebral hemorrhage Accident, Suicide, Homicide

James Gorn M.D.

Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Geo. W. Clarkson

531

Died at

Rossview Balto

MARYLAND

Date 1902

Month Day

Jan 3

Y. M. D.

Age

59 yrs

Native of

Md

Occupation

Labryn

Male

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Brights

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

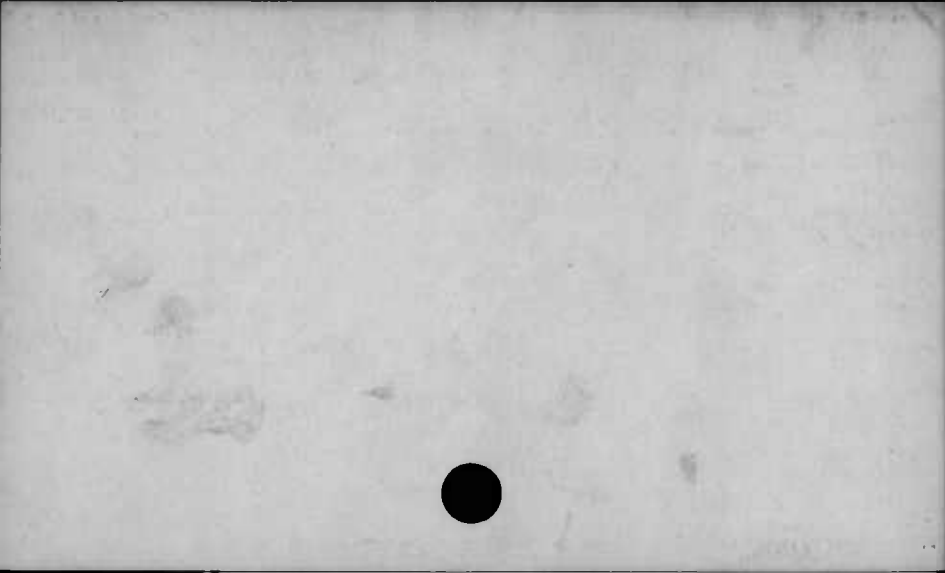
Reported by

C V Mace Md 120

Address

Rossview Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Coffay

Town

County

MARYLAND

Died at

Mt Hope Retreat Baltimore

Date 189

02

Month

Day

Y

M.

D.

Native of

Occupation

1st 11th

Age

63

Ireland

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Mania Senile

How long sick

Death

Immediate

Exhaustion &amp; Pul. Congestion

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

1 Mt Hope Retreat Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....



Name in Full

Certificate of Death

Grace Genevieve Coffill

Died at Belfast Town Balto County MARYLAND

Date 1902 489 Month 1 Day 23 Age 29 Y. 18 M. 18 D. 18 Native of md. Occupation \_\_\_\_\_

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of  
Wife

Father's Name Joshua Coffill Mother's Name Clara G. Coffill

Cause of Death { Primary Scarlet fever How long sick 4 days  
Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. C. Drach MD  
Address Butler Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

James Connolly

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Balt Co

MARYLAND

Date 19 02 Month 1st Day 21 Y. 51 M. - D. - Native of Occupation Plumber -

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name \_\_\_\_\_

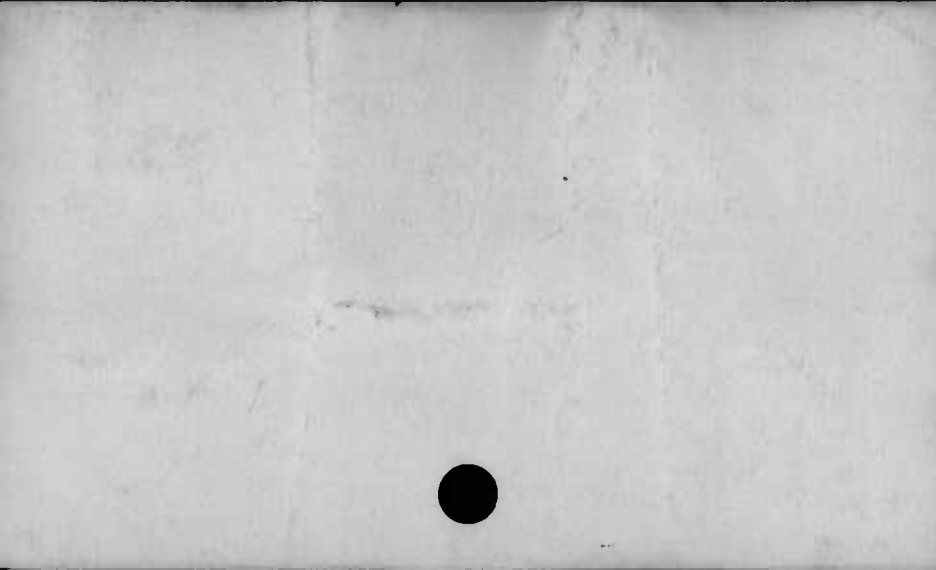
Mother's

Maiden Name

Cause of Death { Primary Neuritis Sen Immediate Cardiac Collapse How long sick one wk time Accident, Suicide, Homicide

Reported by Frank J. Flannery MD Address Mt Hope Retreat Balt Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*William B. Crawford*  
 Died at *Backsville* *Wald* County *MARYLAND*

Date 19 *24* *June* *10* Month Day Y. M. D. Native of *Wald* Occupation *Salesman*  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
 of  
 Wife

Father's Name *William B. Crawford* Mother's Maiden Name *Lizzie L. Crawford*

Cause of Death { Primary *Pneumonia* How long sick *7 days*  
 Immediate *Cardiac involvement* Accident, Suicide, Homicide

Reported by *Dr. B. R. Brown*

Address *Backsville Wald Co MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town Spawners Point, County Baltimore MARYLAND  
 Died at  
 Date 19 02 Month 1 Day 10 Y. M. D. Age Still born Native of Maryland Occupation \_\_\_\_\_  
 Male White ~~Marrried~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife of \_\_\_\_\_  
 Father's Name Samuel Cordery Mother's Maiden Name Mrs. Rose Cordery

Cause of Death { Primary Unknown How long sick \_\_\_\_\_  
 Immediate Unknown D  
~~Accident, Suicide, Homicide~~

Reported by W. R. Hodges M. D.  
 Address Spawners Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert E. Crowman

MARYLAND

Died at *Hospital for Consumption* Town *Hopkinton* County *Worcester*

Date *9-12* Month *1* Day *17* Age *34* Y. *-* M. *-* D. *-* Native of *Ind* Occupation *Farmer*

Male *Female* White *Colored* Married *Single* Widowed *Widow* Divorced *Number of children living*

Husband of

Wife

Father's Name *James Crowman*Mother's Name *Maggie Crowman*

Cause of Death { Primary *Tuberculosis* Immediate *Frank R. Rich* How long sick *2* Accident, Suicide, Homicide

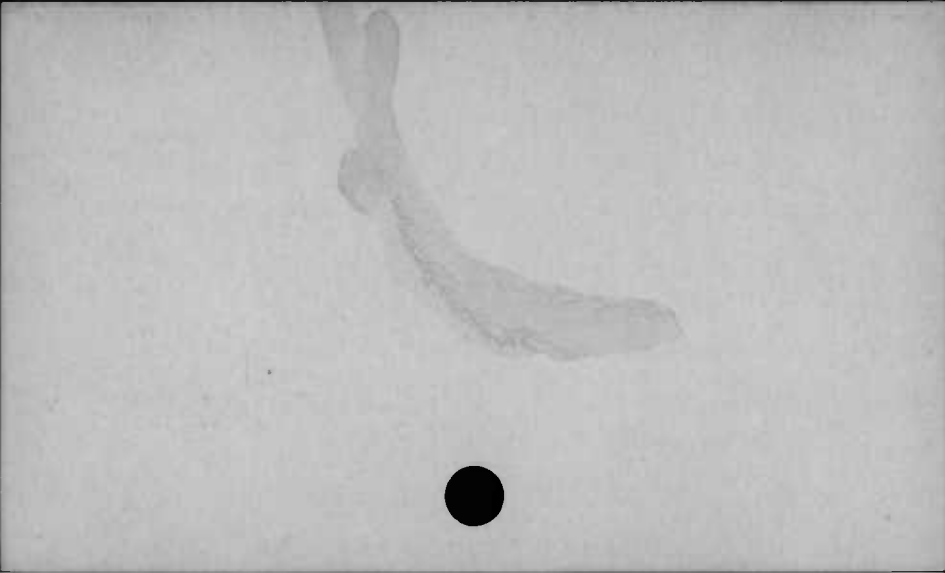
Reported by

*Frank R. Rich*  
*London Red*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Patrick Boyle.

Town

County

Died at

St. Agnes Sanatorium Baltimore County MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 31

Age

27

M.D.

Printer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Melancholia

Death

Immediate

Suicide

How long sick

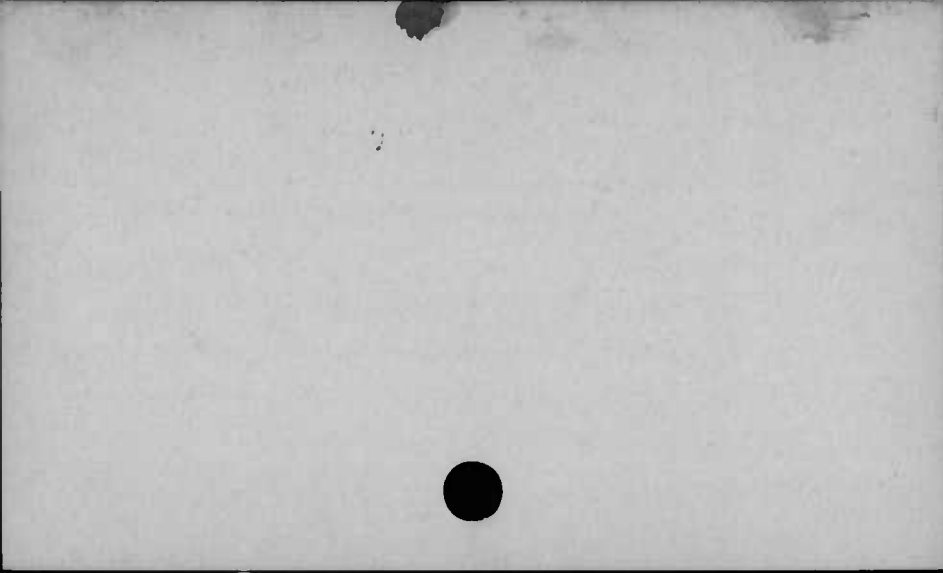
~~Accident~~ Suicide, Homicide

Reported by

Address

St. Agnes San. Co. George. Arnold J.P.

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Name in Full *Albert Dancy*  
 Died at *Archdale* *Balto* *Co* *MARYLAND*

Month *Jan* Day *4<sup>th</sup>* Y. *64* M. *-* D. *-* Native of *U.S.* Occupation *Laborer*  
 Date *1907*  
 Male *White* Married *Widow* Divorced *Widower*  
 Female *Colored* Single *Number of children living* *1*

Husband of *Sarah Dancy*  
 Wife  
 Father's Name  
 Mother's Name

Cause of Death { Primary *Pneumonia* *93* How long sick *10 days*  
 Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *W. C. Smith M.D.*  
*Powhatan* *Md.*





Name in Full

Certificate of Death

Hilda Dietz

532

Died at

Canton

Town

Baltimore

County

MARYLAND

Date 1902

Month

Day

1-16

Age

Y.

M.

D.

1--

Native of

Md

Occupation

None

~~Male~~

White

~~Married~~Widow~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

John G. Dietz

Mother's

Maiden Name

Bernadine Rocklage

Cause of

Primary

Bronchial Pneumonia

How long sick

about 5 days

Death

Immediate

convulsions

Accident, Suicide, Homicide

Reported by

C. N. Ottey M.D. 92

Address

2. Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Germanus France

Sacred Heart Con.

Mrs J. Donovan

Died at *St. Mary's Indus. School* Town *Baltimore Co -* County *MARYLAND*  
 Date 190*2* Month *July* Day *20* Y. *12* M. *6* D. *-* Native of *D.C., Washington* Occupation *-*  
 Male *White* Married *Widow* Divorced *2*  
 Female *Colored* Single *Widower* Number of children living *-*

Husband of

Wife

Father's Name *Mrs Donovan*Mother's Name *same*

Maiden Name

Cause of Death { Primary *Pneumonia* Immediate *apnea* }  
 How long sick *48 hours -*  
 Accident, Suicide, Homicide

Reported by

*R. M. Goldsmith - M.D.*

Address

*647 N. Calhoun St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sallie Dorsey

Town

County

129

Died at Mount Winans Baltimore

MARYLAND

Date 1902 Jan. 25 - Age 24 - - - Native of Balt. Co. Md. Occupation cook.

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death Immediate

How long sick

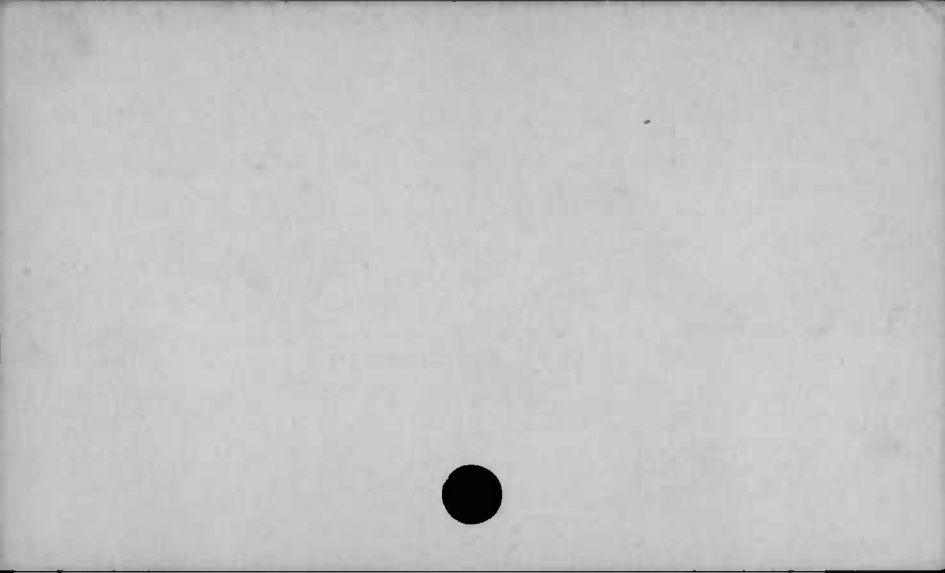
about 4 mo.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Dorsey,  
 Town Rockdale County Baltimore

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Wife

Samuel Dorsey

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A. C. Smith M.D.  
 Rockdale Ind.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008



### Certificate of Death

520

MARYLAND

Died at <sup>Town</sup> *Canton* <sup>County</sup> *Balt.* *6* MARYLAND

1902	Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	1	5	-	9	-	Balt Co	None
Male	White	<del>Married</del>		<del>Widow</del>		<del>Divorced</del>	
<del>Female</del>	<del>Colored</del>	Single		<del>Widower</del>		<del>Number of children living</del>	

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Father's Name Michael Feeley Mother's Name Annie S. Feeley

Cause of	Primary	Bronch-Pneumonia	How long sick	2 months
Death	Immediate	Asphemia	Accident, Suicide, Homicide	

Reported by W. Jones 9/2

3118 O'Connell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008



Name in Full

Certificate of Death

Katharine Agnes Dickins

Town

County

Died at

MARYLAND

Date 189 1902 Month 1 Day 20 Age 21 Y. M. D. Native of W.D. Occupation Schoolgirl  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living -

Husband of  
 Wife

Father's Name Daniel L. Alden

Mother's Name Laura Hinder

Cause of Death { Primary Phthisis Immediate Cardiac Phthisis  
 How long sick 3 1/2 months  
 Accident, Suicide, Homicide -

Reported by J. R. Peyton, Green M.D.

Address Green M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



117



Name in Full

Certificate of Death

John Fischer

Died at <sup>Town</sup> Canton <sup>County</sup> Baltimore MARYLAND

Date 1902 <sup>Month</sup> 1 <sup>Day</sup> 29 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Germany <sup>Occupation</sup> Laborer

Male White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living three

Husband of Magdalena Eidelloth  
 Wife  
 Father's Name John Fischer Mother's Name don't know  
 Maiden Name

Cause of Death { Primary Pneumonia 93  
 Immediate Heart Failure  
 How long sick 3 weeks  
 Accident, Suicide, Homicide

Reported by J. W. Schumacher M.D.

Address 1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery  
Germanus Thane  
Undertaker

Name in Full

Certificate of Death

Katie Belle Fisher

Died at <sup>Town</sup> Dickeyville <sup>County</sup> Baethumers MARYLAND

Date ~~is~~ 1902 Jan 29 Age 19-7-20 <sup>Month</sup> <sup>Day</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup> ~~Housewife~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Thomas Scott Fisher

Wife of

Father's Name George Julius Ellison Mother's Name Emily J. Ellison

Cause of Death { Primary Pulmonary Phthisis How long sick 18 months.

Death { Immediate Syncope Accident, Suicide, Homicide

Reported by H. A. Crowl, Commissioner of Health.

Address Dickeyville, Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

George W Foster

534

Died at

Baltimore Co

MARYLAND

Date 1907

Month 1 Day 24

Y. M. D.

Age 23

Native of

Occupation

Anglican, Cabinet Maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pneumonia 13 days  
Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by

Effie Linnard  
1114 1/2 Chesapeake

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A Sanders & Son  
Savory Cream

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1904 1 16 Y. 10 M. 16 D. Ind Native of Ind Occupation —

Male 1 White 1 Married 1 Widw 1 Divorced 1  
 Female 1 Colored 1 Single 1 Widwar 1 Number of children living 1

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Miss Alice



Name in Full

Certificate of Death

Horatio Foot

Town

County

Died at

Mt Washington

Balto

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

1

20

Age

27

U.S

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

none

Husband

of

Wife

not married

Father's

Name

Not living

Mother's

Name

Ella Foot

Cause of

Primary

Laryngitis

How long sick

2 months

Death

Immediate

Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by

Morris Shanko M.D.

Address

Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bark Hill  
R. V. Marshall  
Jan 23-1902

~~Wm. B. Jones~~

Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rehner, Frederick

Leatonsville

County

Oatto

MARYLAND

902 Jan 15

Age 45

Germany Laborer

Male

White

Married

Widow

Divorced

Number of children living

Female

Colored

Single

Widower

Number of children living

X

X

X

General Paresis  
Cerebral EffusionHow long sick  
3 mos

Accident, Suicide, Homicide

Percy Wade

Madison Hospital Leatonsville



Name in Full <b>Rebner. Fredrick,</b>		CERTIFICATE OF DEATH	
Died at <b>Calynsville</b> <sup>Town</sup>		<b>Bald</b> <sup>County</sup>	
Date of death 190 <b>2</b> <sup>Month</sup> <b>Jan</b> <sup>Day</sup> <b>15</b> <sup>Years</sup> <b>42</b> <sup>Months</sup> <b>0</b> <sup>Days</sup> <b>0</b>		MARYLAND	
Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>Germany</b>	
Married, Single or Widowed <b>Married</b>	Occupation <b>Salon keeper.</b>		
Name of Wife or Husband <b>X</b>			
Father's Name <b>X</b>		Father's Birthplace <b>X</b>	
Mother's Maiden Name <b>X</b>		Mother's Birthplace <b>X</b>	
Name of person giving information <b>X</b>		How related to deceased <b>X</b>	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>General Paresis</b>	How long <b>3 years.</b>	
	Immediate <b>Exhaustion</b>	How long <b>2 yrs</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Wm. H. Wade</b>	
	Accident or Suicide? <b>no</b>	Address <b>Calynsville Md</b>	



Name in Full

Certificate of Death

Leroy David Freeburger.  
 Town Orangeville (Phil 4<sup>th</sup>) County Baltimore CO MARYLAND

578

Died at Orangeville (Phil 4<sup>th</sup>) Baltimore CO MARYLAND

Date 1900 Jan 1<sup>st</sup> Age 2 1/4 Months Native of Orangeville Occupation none  
 Male White Married Widower Divorced  
 Female Colored Single Number of children living

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Oliver Freeburger Mother's Name Magdalena E Freeburger

Cause of Death { Primary Pneumonia 93 How long sick 4 days  
 { Immediate Pneumonia Accident, Suicide, Homicide

Reported by J W Gayne M D  
 100 Mt Pleasant Ave

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. Forberger  
Trinity Church



Name In Full

Certificate of Death

Rebecca Grut

Town

County

Died at

Shawhan Bald

MARYLAND

Date 19

Jan 9<sup>th</sup>

Age

29.7.19

Native of

MO

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Wife

Father's

Name

Orick M. Grut

Mother's

Maiden Name

Wright Cox Mary Drets

Cause of

Primary

Pneumonia

How long sick

6 days

Death

Immediate

Contraceptive Intermittent  
and general failure

Accident, Suicide, Homicide

Reported by

Dr. W. R. Branson

Address

Cockeysville Bald MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ridge Creek

Name in Full

Certificate of Death

Ruben Grace Gell

Town

County

Died at

MARYLAND

Died at *Hereford* County *Baltimore*  
 Date *Mar 2* 19*17* Month *1* Day *2* Y. *9* M. *2* D. *10* Native of *MD* Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Primary

Death Immediate

How long sick

*Two weeks*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bing<sup>m</sup> Howard GonsuchDied at <sup>Town</sup> Mt Carmel<sup>County</sup> Balt.

MARYLAND

Date 1902 189	Month Jan	Day 2	Age 56	Y. M.	D. Native of Balt. C	Occupation Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living	2	

Husband of Elizabeth Marks

Father's Name Benj<sup>m</sup> Gonsuch

Mother's Name Elizabeth Gonsuch

Cause of Primary Pleuro-Pneumonia

How long sick 4  
Days

Death Immediate Coma

Accident, Suicide, Homicide

Reported by H B F Price

Address Apt Carmel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sister Mary Elizabeth Griffith

Town

County

Died at Centerville (Hud 3 files.) Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Jan 23. Age 70 Inland Religious

White

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's Name Patrick Griffith

Mother's Name Mary Brian

Cause of Primary Hemiplegia (Left) 14

How long sick

2 weeks

Death Immediate Coma

Accident, Suicide, Homicide

Reported by J C Monahan M.D.

Address Dickeyville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Margaret Quinn

Town

County

Heights

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1 30

Age

4

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

of

Mother's

Maiden Name

Frank Quinn

L. Williams

Primary

Pneumonia

13

How long sick

2 months

Immediate

~~Accident, Suicide, Homicide~~

E. W. 364

James A. Bank

Ellicott City (Conn.)  
Germanus Hauer  
Undertaker

Name in Full

Certificate of Death

John Günther

533

Died at 16 Town Canton County Balto

MARYLAND

Date 1902 Jan 17 Month Day Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband of Chls Günther

Wife

Father's

Name

Mother's

Maiden Name

Lizabell Contra

Cause of Death { Primary Immediate

D

Born Dead

How long sick

not

Accident, Suicide, Homicide

Reported by

Address

Midwife Mrs Mary Monte

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mt. Carmel

Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Hanigan

Town

County

Canton

Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1-9

Age

- - -

Md

None

White

~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

-

Mother's  
Maiden Name

Mary Mc New

Primary

Convulsions

How long sick

since birth

Immediate

Accident, Suicide, Homicide

Germanus Francis Undertaker

1901 Bantz St Balto.

LIBRARY BUREAU, 79808

St. Patricks Cemetery

Name in Full

Certificate of Death

William T. Hare

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 14

Age

80.

MO

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Eight

Husband

of

Wife

Father's

Name

Jacob Hare

Mother's

Maiden Name

Elizabeth Feathers

Cause of

Primary

Chronic Gastro Enteritis

How long sick

3 months

Death

Immediate

Transition

Accident, Suicide, Homicide

Reported by

Dr. W. R. Bussan

Address

Cockeysville

Baltimore, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898





Anno Harris

Town

County

MARYLAND

Died at

Towson

Baltimore

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1912

1

27

Age

73

Md

Labourer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Eliza Harris

~~Wife~~

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Old age

How long sick

6 weeks

Death

Immediate

Cardiac Asthenia

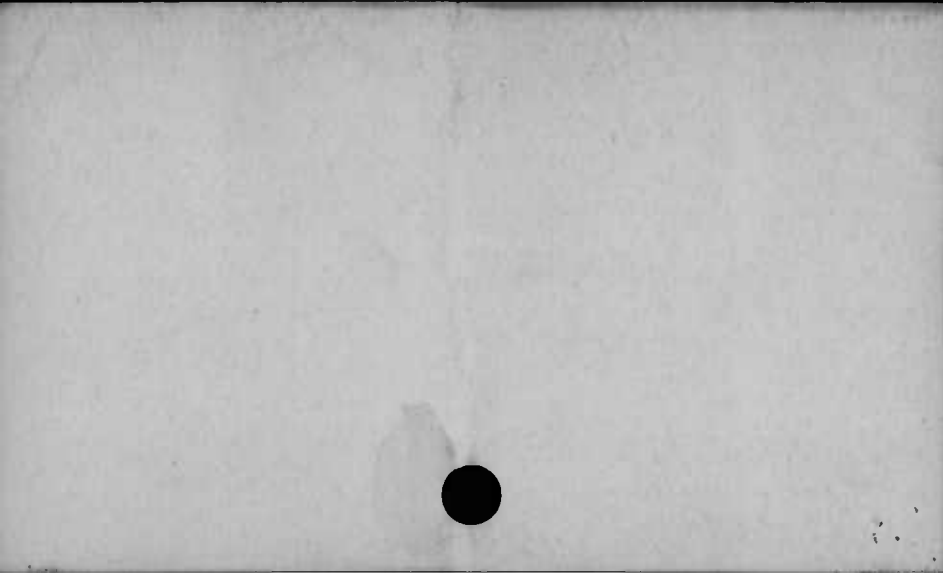
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. P. ... W.D.  
Towson Md

Attended by

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Henry Hawkins

Died at <sup>Town</sup> Catonsville<sup>County</sup> Baltimore

MARYLAND

Date <sup>Month</sup> 10 <sup>Day</sup> 2 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> July 17 Age 7 15 Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 1

Husband  
of  
Wife

Father's Name Jacob Hawkins Mother's Name Edith Fitchel

Cause of Death { Primary Gastritis How long sick 1 week

Death { Immediate Convulsions Accident, Suicide, Homicide

Reported by J. Whitaker

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Bessie May Heill

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

1-18

Age

Y.

M.

D.

14-8-7

Native of

U.S.

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Tuberculosis

How long sick

Six weeks

Death

Immediate

Acute Pulmonary Tuberculosis

Accident

Suicide

Homicide

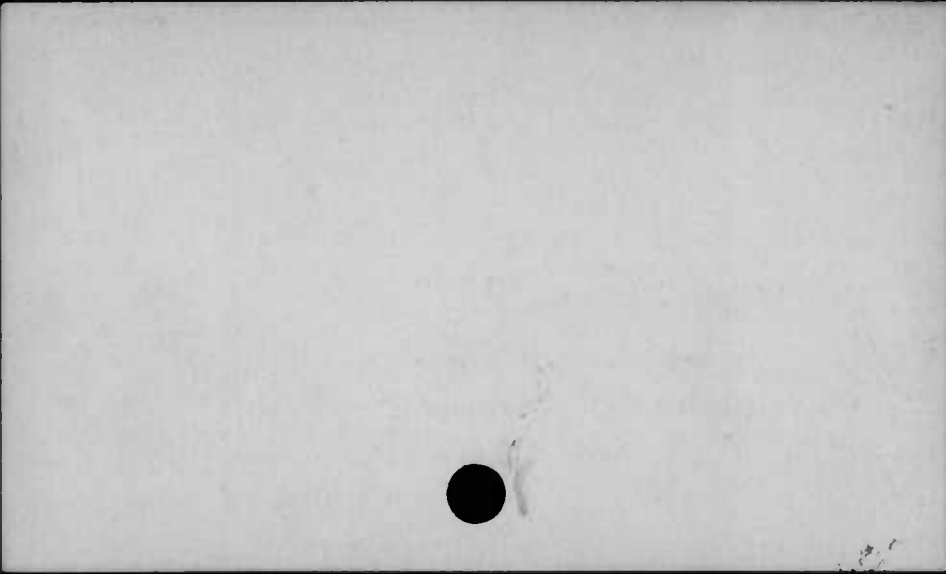
Reported by

E. W. Heyde, M.D.

Address

Baltimore  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Matthew S. Halder 522

Town

County

MARYLAND

Died at

Orangethville Balto

Occupation

Date 189

1902

Month

Day

Y.

M.

D.

Native of

1

5

Age

9

—

md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

5 days

Death

Immediate

asphyxia

Accident, Suicide, Homicide

Reported by

J. S. Warner M.D.

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 68866

W<sup>th</sup> Carmel Cemetery

Christian Miller

Undertaker



Name in Full

Certificate of Death

*Wm A. Holby Jr.*

Died at *Arlington* <sup>Town</sup> *Balto.* <sup>County</sup>

MARYLAND

Date 19 <i>02</i>	Month <i>1</i>	Day <i>9</i>	Y. <i>4</i>	M. <i>15</i>	D. <i>Ind.</i>	Native of	Occupation
Male	White	<del>Married</del>	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name *Wm A. Holby*

Mother's Maiden Name *Ella V. Foster*

Cause of Death	Primary	<i>Inflamatory Ointment</i>	How long sick	<i>Ten days</i>
	Immediate	<i>Meningitis</i>	Accident, Suicide, Homicide	

Reported by *R. F. Haddock*

Address *Station E*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*Balto. Ind.*



Name In Full

Certificate of Death

Annie L. Hopkins

Town

County

Died at

Date

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

June 17

Age 28

Bred. Housewife.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living 1

Husband of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles Christopher Huber  
 Town *Arlington* County *Balto.* MARYLAND

Died at

Date 19

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

*Elizabeth Huber*

*Fredrick Huber*

*Carlina Craft*

*Nephritis*

*no years*

*120*

*W. F. Hardesty*

*Station E,  
Balto.*



Name in Full

Certificate of Death

Susanad Huck

530

Town

County

MARYLAND

Died at

Canton

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 11

Age

62 - -

Germany

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Sebastian Huck

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

La Grippe;

How long sick

2 weeks

Death

Immediate

Mitral Insufficiency, Cerebral

Accident, Suicide, Homicide

Reported by

J. W. Schuchert M. D.

Address

1072 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72804

Sacred Heart-Cemetery  
Germanus Franca  
Undertaker



Name in Full

Certificate of Death

Susan Isaacs

Town

County

Died at

MARYLAND

Date 19

02

Month 4 Day 5

Age

4 years 5

Y. M. D.

Native of

Occupation

Female

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Joseph Isaacs

Mother's

Maiden Name

Mary Howard

Cause of

Primary

Pneumonia 93

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



*Stell Birk*

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Jan 14

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rosa A. Johnson

Town

County

Died at

Beaver Dam

Baltimore

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 11

Age 16 3

Maryland, Housewife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Wm Johnson

Father's

Name

John Sherwood

Mother's

Name

Ellen Sherwood

Cause of

Primary

Intussusception

How long sick

7 days

Death

Immediate

Failure of heart

~~Accident, Suicide, Homicide~~

Reported by

Dr J E Benson

Address

Backusville

JES

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



### Certificate of Death

Town

County

MARYLAND

Month

Day

 $Y_1$ 

M.

D.

Native of

Occupation

2.

29

Age 24

10

—

med

Handwritten: *Handwritten*



1444

**Abstract**

Widow

Divorced

Female

Colored

Single

~~Widower~~

~~Number of children living~~

Husband of  
~~Wife~~

### Father's

Mother's

Name	Maiden Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____
31. _____	_____
32. _____	_____
33. _____	_____
34. _____	_____
35. _____	_____
36. _____	_____
37. _____	_____
38. _____	_____
39. _____	_____
40. _____	_____
41. _____	_____
42. _____	_____
43. _____	_____
44. _____	_____
45. _____	_____
46. _____	_____
47. _____	_____
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91. _____	_____
92. _____	_____
93. _____	_____
94. _____	_____
95. _____	_____
96. _____	_____
97. _____	_____
98. _____	_____
99. _____	_____
100. _____	_____

Cause of	Primary <i>Intestinal Volvulus</i>	How long sick <i>2 weeks</i>
Death	Immediate <i>Gangrene of bowel &amp; free Peritonitis</i>	Accident, Suicide, Homicide

Reported by S. R. Grant, M.D.

Address 765 - 3rd Ave Ball's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUROFAD. 70904

Zion & L -  
A S Mass Hall

1-31-1802

Personal office



Elizabeth Gustis

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

1-20

Y.

M.

D.

Age

77-1-1

Native of

U.S.

Occupation

House keeper

Date 19

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

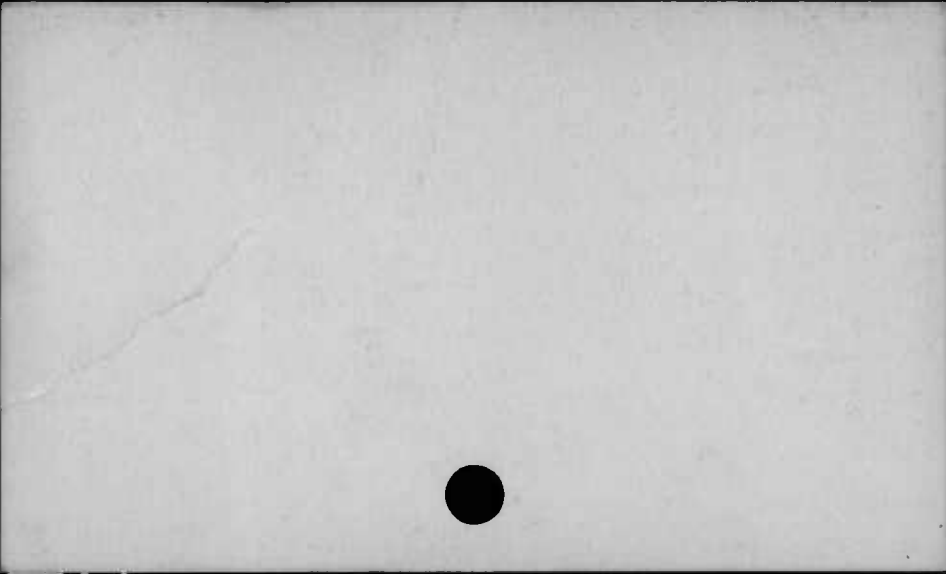
Hon. Wilam  
months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Kaste  
 Town of Washington County Baltimore

MARYLAND

Died at

Date 1902

Month Jan. Day 9 Y. 55. M. 5. D. 26 Native of Baltimore City Occupation wife  
 Race ~~White~~ Female ~~Married~~ Widow ~~Divorced~~ Widower Number of children living 3

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

64

How long sick

16 hours

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Adams Rhode & Son

7300 Burnside

Wendell

London Park

*Luke Kelley*

Died at *St. Agnes' Sanit.* Town *Balto.,* County *MARYLAND*

Date 19 *02* Month *Jan* Day *6* Age *42* Y. M. D. Native of *Md.* Occupation *Milk dealer*

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary *Alcoholism*  
Immediate *Heart Failure*

How long sick

*12 hrs.*

Accident, Suicide, Homicide

Reported by

Address

*J. G. Flynn M.D.*  
*St. Agnes Sanit., Balto., Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Kolbe

Town

County

Died at

Highlandtown

Balto

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 4

Age 68

Germany

Gentleman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis of Heart

How long sick

12. hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. Schofield M.D.

Address

1400 First St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

John Horwig & Sons  
Bath, Conn



Name in Full

Certificate of Death

James B. Laner

Town

County

Died at S. &amp; E. P. Hospital Baltimore

MARYLAND

Date 1902 Jan. 7 Age 41 Y. M. D. Native of Md. Occupation Clerk

Male White Married Widower Divorced

Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paresis

How long sick

Since May 1897

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

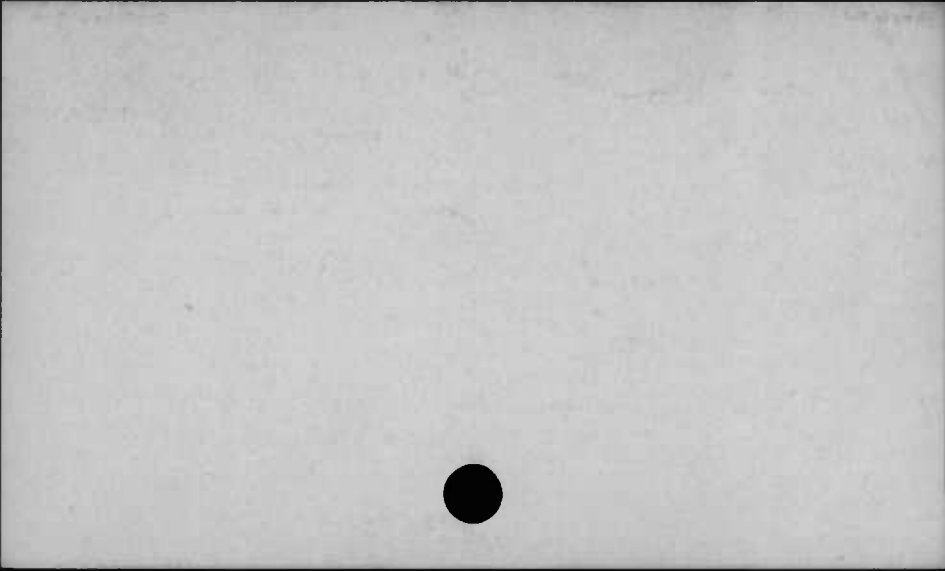
Chas. M. Franklin

Attest

Sheppard &amp; Enoch Pratt Hospital, Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 79899



Name in Full

Certificate of Death

128

MARYLAND

Died at

Date 19

Male

White

Married

Widow

Divorced

Occupation

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70298



Name in Full

Certificate of Death

*John Leaf*  
 Died at *Texas* County *Balto.* MARYLAND

Date *1901* Jan 28 Month Day Y. M. D. Age *69 yrs* Native of Occupation  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living *5*

Husband of *Martha Leaf*

Father's Name *John Leaf* Mother's Name *Ann Leaf*

Cause of Death { Primary *Pneumonia* Immediate *Nephritis* } How long sick *2 weeks*  
~~Accident, Suicide, Homicide~~

Reported by *D. T. Bunny M. D.*  
 Address *Texas Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel T. Cook

Town

County

Died at

Dawson

Bucke

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	1	24	39	-	-	Md	Labourer
Male	<del>White</del>	Married	Widow	Divorced			
<del>Female</del>	Colored	<del>Single</del>	<del>Widower</del>	Number of children living			

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. A. L. Massenburg

Address

Dawson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

George D Levy (Norfolk Va)  
 Died at Sheppard Church Pratt Hosp Townson MARYLAND  
 Date 1902 Jan 11 | Age 33-1-0 | Native of Va | Occupation Optician  
 Male White Married Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Mrs Geo D Levy -  
 Wife  
 Father's Name E J Levy Mother's Maiden Name Virginia Davis  
 Cause of Death Primary Cause - ~~Accident, Suicide, Homicide~~  
 Immediate Cause - ~~Accident, Suicide, Homicide~~  
 How long sick 1 Year +  
 Reported by Edward N Drisch  
 Address (1) Sheppard Church Pratt Hosp. Townson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Eve Lloyd

Town

County

Died at

Reisterstown

Baltimore

MARYLAND

Date

1892

Month

Day

1 19

Age

Y.

M.

D.

82 4 19

Native of

Md

Occupation

House Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband

of

Stephen Lloyd

Wife

Father's

Name

Mother's

Name

54

Cause of

Primary

Senility

How long sick

1 year

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Dr. G. Herbert Beckley

Address

Reisterstown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

John Herbert Lochte

Town

County

MARYLAND

Died at Grafton

Balto.

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Jan	12		7	10	Ida	Infant
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of \_\_\_\_\_  
Wife

Father's Name Frank G. Lochte

Mother's Name Ida Lochte

Cause of Primary Pneumonia

93

How long sick

Death Immediate Convulsions

Accident, Suicide, Homicide

Reported by Dr. E. H. Duncan

Address Grafton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Lookey

Town

County

Died at

MARYLAND

Woodstock

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Jan 11

Age

77 years about

and

none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 3

Husband of

Wife

Patrick Lookey (deceased)

Father's

Mother's

Name

Michael Burk

Maiden Name

(not known)

Cause of

Primary

Bronchial Pneumonia

How long sick

11 days

Death

Immediate

Cardiac Syncope &amp; Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. J. Stipley and  
Granith and

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Thomas Daniel Lounney

Town

County

Died at

Shuman

Wallo

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 30

Age

79.4.28

Maryland

Blacksmith

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 9

Husband

of

Elizabeth Tracy

~~Wife~~

Father's

Mother's

Name

Jacob Lounney

Maiden Name

106  
Rabacca

Cause of

Primary

Indigestion - Gastro-Enteritis

How long sick

31 hours

Death

Immediate

exhaustion - Heart-failure

Accident, Suicide, Homicide

Reported by

Dr B. B. Benson

Address

Leakysville

Wallo, Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Josephine Lucas*

Town *Petty Hill*

County *Balto*

MARYLAND

Died at

Date 1902 *July 25*

Age *71*

Y. M. D.

Native of *Bohemia*

Occupation *Housework*

☒ Male  
☐ Female

☒ White  
☐ Colored

☒ Married  
☐ Single

☒ Widow  
☐ Widower

☒ Divorced  
Number of children living *3*

Husband of  
Wife

*Anton Lucas*

Father's Name

*Jos Kramer*

Mother's Maiden Name

*Barbara Kramer*

Cause of

Primary *Cardiac weakness*

How long sick

Death

Immediate *and old age*

☒ Accident, Suicide, Homicide

Reported by

*Wm. D. Cord, M.D.*

Address

*Godarville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chargville Bol.  
J L Cenn  
#86

Name in Full

Certificate of Death

*Ida R Marrow*  
Town County

Died at *Pleasant Hill* *Batts* MARYLAND  
Month Day Y. M. D. Native of Occupation

Date 19*02* *Jan 21* Age *44*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~ *Housewife*  
*Female* ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *Three*

Husband of *Dr George Marrow*  
Wife  
Father's Name *John G. Robinson* Mother's Maiden Name *Olya J. Tuttle*

Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *Two years*  
Immediate *Pneumonia* *One week*  
Accident, Suicide, Homicide

Reported by *Harry L. Lader*  
Address *Reedboro, Wis*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Martin

Died at <sup>Town</sup> Rossville <sup>County</sup> Baeto

MARYLAND

Date 1902 Jan 3 Age 70 years Native of Ireland Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 6

Husband of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of Death { Primary Chronic Intestinal Neoplasm

How long sick 2 years

Death { Immediate Accident, Suicide, Homicide

Reported by

C. V. Mac M. D.  
Rossville Mac

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chas Lenty  
Dr Joseph Allen

0/70/13/25



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John J. Martin

Trenton Baltimore Co.

MARYLAND

1902 Jan 23 Y. M. D. 62 10 6 Native of Md. Occupation Merchant

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 6

Husband of

Wife

Father's Name Luther Martin

Mother's Name Eliza Annus

Cause of Death { Primary Pulmonary trouble

Immediate Typhoid fever

How long sick 6 days

Accident, Suicide, Homicide

Reported by R. C. Wells

Address Hampstead Maryland



Name in Full

Certificate of Death

Mary Catherine Morton

Town

County

Died at Diekeyville

Baltimore

MARYLAND

1902

Month

Day

X. M. D.

Native of

Occupation

Date 1902

1

3

Age

7

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of  
WifeFather's  
Name Wm J. MortonMother's  
Name Jennie MortonCause of  
Primary

Pneumonia

How long sick

2 days

Death  
Immediate

Accident, Suicide, Homicide

Reported by

Chas L Boyd M.D.

Address

Diekeyville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Marie Mathey -

Town

County

Died at Mt Hope Retreat

Baltimore

MARYLAND

Date 1902 1 26 Age 67 - - Native of Limoges France Occupation Dr of Mercy

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Standing -

Cause of

Primary

Melancholia - 7 years

How long sick

abt 5 or 6 days.

Death

Immediate

Ex-Pneumonia -

Accident, Suicide, Homicide

Reported by

Frank J. Filanney M.D.

Address

Mt Hope Retreat Baltimore Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 79003

belongs to Philadelphia  
Convict of Mercy-

Mr Edward McCarr

Died at *Pittsview* Town *Bach* County

MARYLAND

1902 Month Day Y. M. D. Native of Occupation  
 Date *1902* *1* *30* Age *90* *Orlando* *Gardner*  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *2*

Husband of *Katharine Nelsh*  
 Father's Name Mother's Name  
*154*

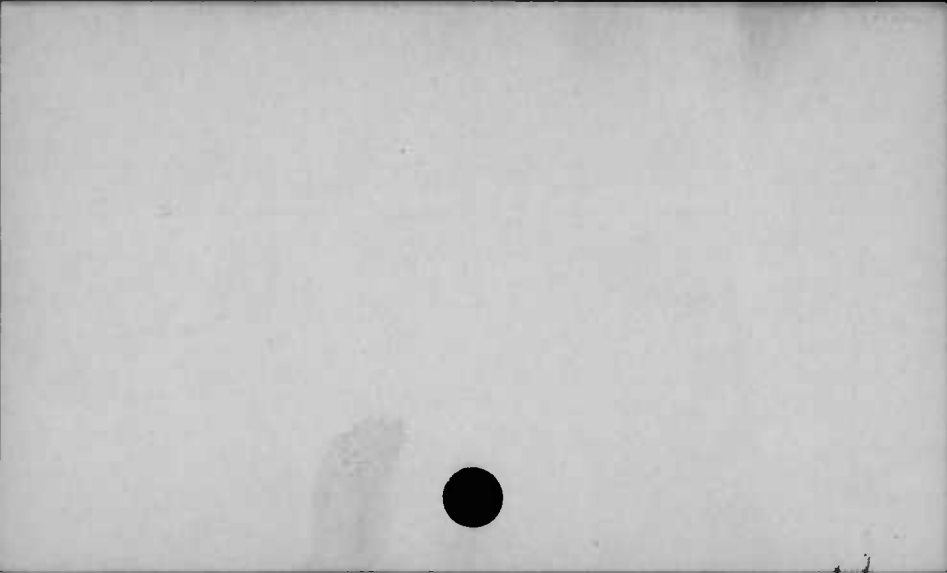
Cause of Death { Primary *Senile debility*  
 Immediate *Exhaustion*

How long sick

Accident, Suicide, Homicide

Reported by *H. P. E. Hyman*Address *Pittsview*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Sadie T. McDonald

Town

County

MARYLAND

Died at West Abingdon

Baltimore

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 4

Age

41 yrs

Balto.

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

1

Husband of

James T. McDonald

120

Wife

Father's

Name

Unial Graves

Mother's

Maiden Name

Mrs. Unial Graves

Cause of

Primary

Malarial Brightness

How long sick

Many Months

Death

Immediate

Uræmic Poisoning

Accident, Suicide, Homicide

Reported by

Eldridge C. Price, M.D.

Address

1012 Madison Ave. Balto., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Berryman & Sigman

Name in Full

Certificate of Death

Margarette McManus.

Town County  
 Died at St Agnes Santanum - Baltimore MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 Jan. 17 Age 23 Baltimore None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

WidowerNumber of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long

9 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Krown MD

Address

1938 Linden Av Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

John Merkel

579

Died at <sup>Town</sup> Canton<sup>County</sup> Balt

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1

1

Age

2

14

Balt Co

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name

Frederick Merkel

Mother's  
Name

Elizabeth Merkel

Cause of

Primary

Broncho. Pneumonia

How long sick

3 days

Death

Immediate

Asthma

92

~~Accident, Suicide, Homicide~~

Reported by

W. W. Jones

Address

3118 O'Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

J Herwig<sup>and</sup> Son

Mt Carmel Cemetery

Name in Full

Richard

Meyers

Town

County

MARYLAND

Died at

Perry Hall

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan. 22

Age 75

Merchant

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

6

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cerebral Hemorrhage

How long sick

Several days

Death

Immediate

Failure Vital Forces

Accident, Suicide, Homicide

Reported by

Liggett D. Whitford, M.D.

Address

Parsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

F L

Sh for

#85



Name in Full

Certificate of Death

C. Meyris

Town

County

Died at

Sparrows Point Balto.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1-1

Age

Belgium

Sailor

Male

Yes

White

Yes

Married

-

Widow

-

Divorced

-

Female

No

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

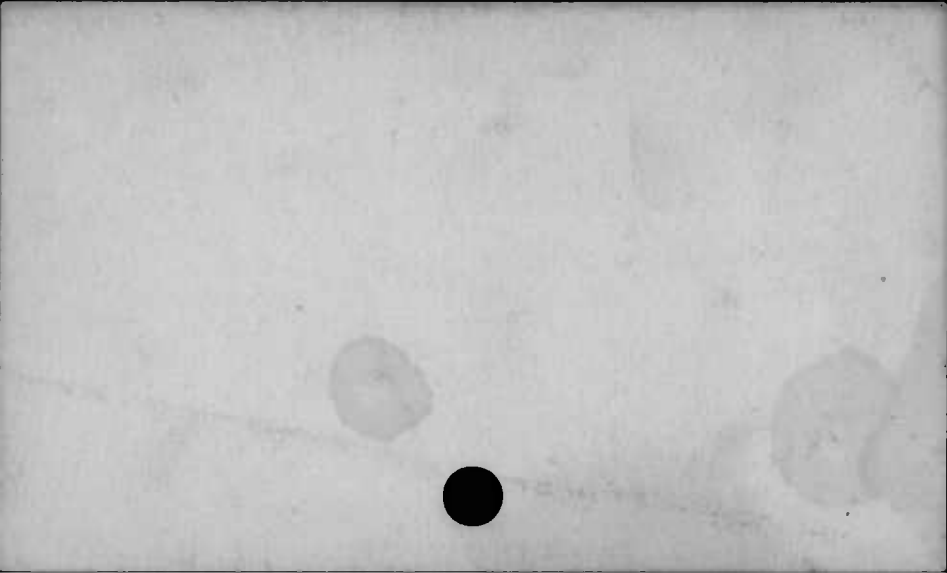
Accident, Suicide, Homicide

Reported by

Address

For Blain L. P.  
Sparrows Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen D<sup>2</sup> Louie Moale

Town

County

Died at Garrison Forest

Baltimore

MARYLAND

Date 1902      Month 1      Day 25      Age 62.8      Y. M. D. 22      Native of Maryland      Occupation Housewife

~~Male~~      White      Married      ~~Widow~~      ~~Divorced~~

Female      ~~Colored~~      ~~Single~~      ~~Widower~~      Number of children living none

Husband of George H Moale

Wife

Father's Name      Mother's Name 118

Maiden Name

Cause of Death { Primary Appendicitis      How long sick 5 days

Death { Immediate Peritoneal Septicemia      ~~Accident, Suicide, Homicide~~

Reported by

H Louis Staylor

Address

Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence E. Mooney

Died at

Cross Keys

Baltimore

MARYLAND

Date 1902

June 21

Age 22

Y. M. D.

Native of

Occupation

Housekeeper

~~Male~~~~Female~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

One child.

Husband of

Wife

Father's

Name

Chas E Mooney

Mother's

Maiden Name

May E. Mooney

Cause of

Primary

Lobar Pneumonia

How long sick

3 wks.

Death

Immediate

Pneumonic Phthisis

~~Accident, Suicide, Homicide~~

Reported by

S. R. Hunt - M.D. Q3

Address

165 - 3rd Ave. City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72288

Zion @ L —

W. W. Marshall

Jan 24-1902

Name in Full

Certificate of Death

*Wilson*

Dec. Elizabeth Austen Murkland  
 Died at *Reliance Park, Baltimore* MARYLAND

Date 189*9* *Jan 8* Age *45 yrs* Native of *MD* Occupation *Free woman*

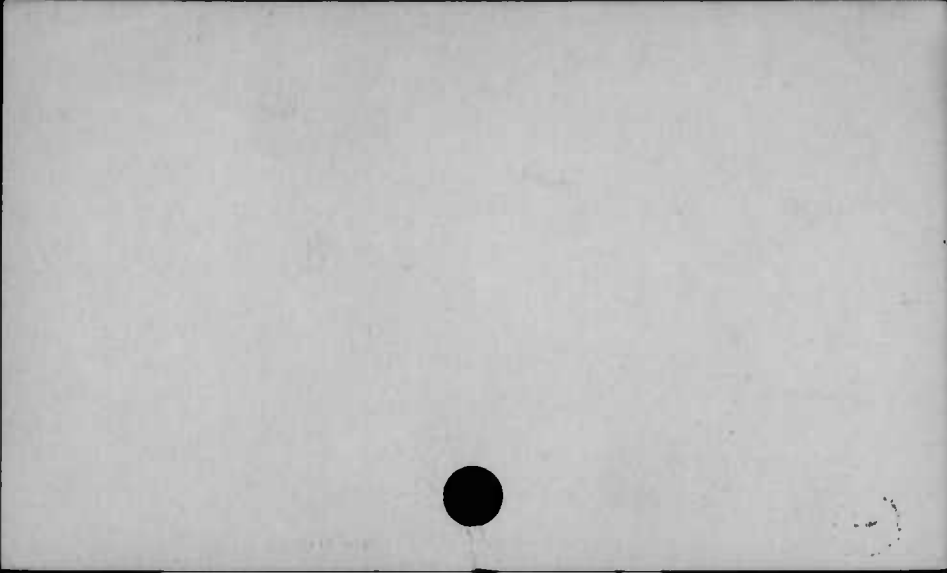
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower* ~~Divorced~~ *Number of children living *4**

Husband of *William Urwick Murkland D.D.*  
 Wife  
 Father's Name *Philip Austen* Mother's Name *Virginia Austen*

Cause of Death { Primary *Cirrhosis of Liver* How long sick *12 hours*  
 Immediate *Gastric Hemorrhage* Accident, Suicide, Homicide

Reported by *Henry S. Packer M.D.*  
 Address *Reliance Park Baltimore, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Pearl K C Norris

Town

Harrisonville

County

Baltimore

MARYLAND

Died at

Date 1902

Month

1

Day

8

Age

Y.

7

M.

7

D.

18

Native of

Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

J Henry Norris

Mother's

Maiden Name

Permelia Campbell

Cause of

Primary

Typhoid Fever

How long sick

18 days

Death

Immediate

Refraction of Bowel

Accident, Suicide, Homicide

Reported by

J E Botte Md

Address

Harrisonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79909



Name In Full *Sarah O'Neill*

Town *Baldwin* County *Baltimore*

Died at *Baltimore* MARYLAND

Date 19*02* Month *Jan* Day *25* Y. *65* M. *..* D. *..* Native of *Ireland* Occupation *Housewife*

~~Male~~ ☒ ~~Female~~ ☐ ~~White~~ ☒ ~~Colored~~ ☐ ~~Married~~ ☒ ~~Single~~ ☐ ~~Widow~~ ☒ ~~Widower~~ ☐ ~~Divorced~~ ☐ Number of children living *None*

Husband of *Henry O'Neill* 79

Wife of *Henry O'Neill*

Father's Name *Robert Ovenson* Mother's Maiden Name *Marsella Doyle*

Cause of Death { Primary *Heart Disease* Immediate *Immediate* How long sick *79* Accident, Suicide, Homicide

Reported by *J. S. Galbreath* 168

Address *Baldwin Baltimore County Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert Jackson Oakley

528

Died at 430 Pratt St Hyblaemtown Baltimore MARYLAND

Date 1962 1 7. X. M. D. Native of Baltimore Occupation

Male White Married Widew Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Edward Oakley Mother's Name Alice Gifford

Cause of Death { Primary Pneumonia Immediate Exhaustion

How long sick 5 days

Accident, Suicide, Homicide

Reported by

Attest

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Louis Heermann,

Yonky, Conn

Name in Full

Certificate of Death

John O'Brien

Died at *Lutherville* Town *Baltimore* County *MARYLAND*

Date 1902 *Jan'y. 25<sup>th</sup>* Month *25* Day *88* Y. M. D. Age *Ireland* Native of *Railroad Watchman* Occupation

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *Four*

Husband of *Julia O'Brien*

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { Primary *old age* Immediate *Heart failure* } *154* How long sick *a few hours*  
 Accident, Suicide, Homicide

Reported by *J.C. Proctor M.D.*

Address *Lutherville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Wm. C. Palmer

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 13

Age 81-8 10

U.S.

farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

grip

How long sick

2 years

Death

Immediate

Senile Debility

Accident, Suicide, Homicide

Reported by

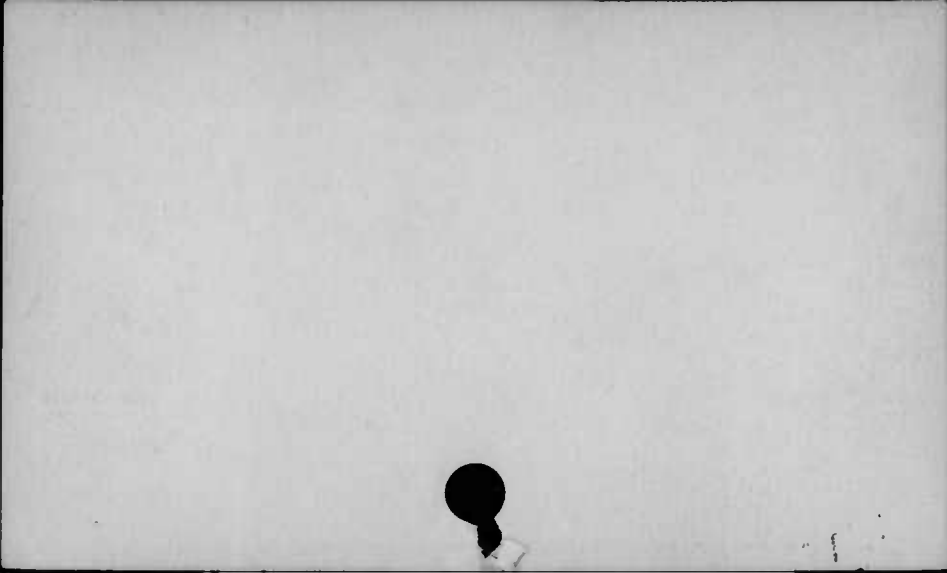
20

W. H. Stiffler  
Parkton m.d.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73998



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

1. 22

Age 53

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

asthma

Accident, Suicide, Homicide

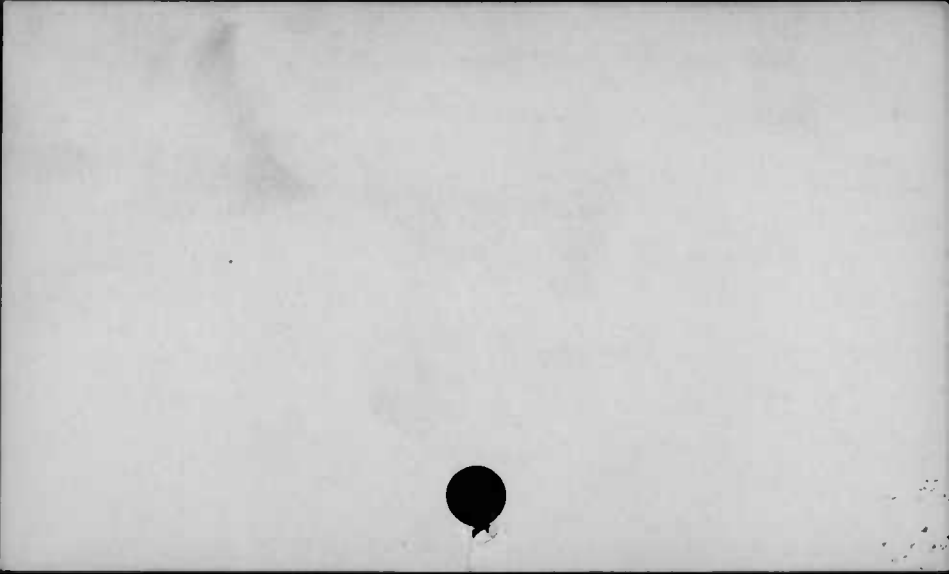
Reported by

A. C. Fowler

Address

712 S Sharp st  
Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Miss Martha Parks*

Town

County

Died at

MARYLAND

*Home (near Towson) Puerto*

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1902**1**1*

Age

*63**-**-**do**Wife Mother*~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~Number of children living *2*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

*1 hour*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Pierce</i>		County <i>Baltimore</i>		MARYLAND	
Date 189 <i>2</i>		Month <i>July</i>	Day <i>9</i>	Y. —	M. —	D. —	Native of —
Age <i>—</i>		Occupation <i>—</i>					
Male		White		Married		Widow	
<del>Female</del>		<del>Colored</del>		Single		<del>Divorced</del>	
Husband of		Child of		Number of children living			
Wife		Father's Name		Mother's Name			
<i>Betty Pierce</i>		<i>Mary F. Smith</i>					
Cause of		Primary		How long sick			
Death		Immediate		Accident, Suicide, Homicide			
Reported by		<i>Charles L. Boyd</i>					
Address		<i>Dickeyville Maryland</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Renfrew Tracy Pirce  
 Town County

Died at

MARYLAND

Date 1902 Jan 27 | Age about 62 | Native of Mo | Occupation Carpenter  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Manda Maloma  
~~Wife~~

Father's Name Joseph Pirce Mother's Maiden Name Mary Ann Pirce

Cause of Death { Primary Tuberculosis  
 Immediate Exhaustion  
 How long sick 6 mo  
 Accident, Suicide, Homicide

Reported by George S. Eubank M.D.

Address Hamilton St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Balto Cemetery

Name In Full

Certificate of Death

Clementine Pitts

127.

Town

County

Died at

MARYLAND

Date 1902 Jan 2

Month Jan Day 2

Age 69

Y. M. D.

Native of Maryland

Occupation House Work

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widow~~

Number of children living none

Husband  
of  
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia 93

How long sick

7 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward Palson

Town

County

Died at Unionville Baltimore County MARYLAND

Date	1902	Month	Day	Y.	M.	D.	Native of	Occupation
		1	22	Age	2		md	

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's Name Thomas Palson

Mother's Maiden Name Georgiana Gordon

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Failure of heart action

~~Accident, Suicide, Homicide~~

Reported by

A. J. Norris, M.D. 93

Address

Long Green, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

131

Died at

Date 189

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month Day

Age

~~Married~~

Single

Y. M. D.

~~Widow~~~~Widower~~

Native of

Occupation

~~Divorced~~

Number of children living

Mother's

Name

How long sick

~~Accident, Suicide, Homicide~~

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....





Name in Full

Certificate of Death

Mrs Anna Price

Town

County

Died at Cockeysville Md

MARYLAND

Date 1902 Jan 28 Age 81. 10. 24 Native of St Louis Mo Occupation Housewife

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 7

Husband of John Quincy Price  
 Wife  
 Father's Name Risdon H Price Mother's Name Mary Bissell  
 Maiden Name

Cause of Death Primary Heart-Mitral Defect  
 immediate - Paralysis - General weakness  
 How long sick 5 months  
 Accident, Suicide, Homicide

Reported by Dr W. B. Bauson  
 Address Cockeysville Md Co. 20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joshua Price

Town

County

Died at

Jacksonville Baltimore

MARYLAND

Date 1902

Month Day  
Jan, 5

Age 77

Y. M. D.

Native of

Occupation

Maryland Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Elizabeth Price

Father's

Name

John L. Price

Mother's

Maiden Name

Benson

Cause of

Primary

Heart Disease

Death

Immediate

Heart Failure

How long sick

9 months

~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory M.D.

Address

Hess

Maryland

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*Clymataria*

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Name of

Occupation

04

1 20

Age

56

Gerson Saloon Keeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

H. Andersson

Mt Carmel Conn

Name in Full

Certificate of Death

under information *Thomas Readick*Died at *South of Bridge 58 N. E. R. H. C. Dist* of *MD* **MARYLAND**Date 1902 *Jan 5* Month *Jan* Day *5* Y. *28* M. *28* D. *28* Native of *Virginia* Occupation *Laborer*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of *dont know*Wife *dont know*Father's Name *dont know*Mother's Maiden Name *dont know*Cause of Primary *Accident*Death Immediate *immediately*

How long sick

Accident, Suicide, Homicide

Reported by *Edward McBee*Address *Freeland Ind.**Wm. H. Hare Coroner*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full *John Ruppert*  
 Town *Scotts Level* County *Balto* MARYLAND  
 Died at *Jan 29* Y. *83* M. *Germany* D. *Farmer*  
 Date 19*02* Jan *29* Age *83* Native of *Germany* Occupation *Farmer*  
 Male *White* Married *Widow* Divorced *6*  
 Female *Colored* Single *Widower* Number of children living *Six*  
 Husband of *Dorthea Ruppert*  
 Wife *Wm H Ruppert* Mother's Name *Annie M. Britton*  
 Cause of Death { Primary *Dropsy & Heart disease* How long sick *Four months*  
 Immediate *Heart failure* Accident, Suicide, Homicide  
 Reported by *Henry J. Webb MD*  
 Address *Randallstown* *Balt Co* *Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward J. Rutter

Died at

Town

Pleasant Hill

County

Baltimore

MARYLAND

Date

1902

Month

1

Day

12

Age

63

Y.

9

M.

19

D.

Native of

Md

Occupation

Painter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Marion Janet Rutter

Father's

Mother's

Name

Name

Cause of

Primary

Rheumatism

How long sick

about one week

Death

Immediate

Coronary Heart Disease

Accident, Suicide, Homicide

Reported by

W. H. Campbell M. D.

Address

Pleasant Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Ingham Scarborough  
 Town County  
 Died at Catonsville, Baltimore Co., MARYLAND

Date 189-1902, Jan 5, Age 84 8 19, Native of Md., Occupation Teacher

Male White X Married Widow Divorced  
 Female X Colored Single X Widower Number of children living

Husband of X  
 Wife  
 Father's Name Samuel Scarborough Mother's Name Letitia Scarborough

Cause of Death { Primary Old Age, Immediate Chronic Diarrhoea, How long sick 5 mos., Accident, Suicide, Homicide

Reported by Silas Scarborough M.D.  
 Address 1 Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....



Name In Full

Certificate of Death

John Scharfagel

Died at <sup>Town</sup> *Baltimore* <sup>County</sup> *Harmon*

MARYLAND

Date *1902* <sup>Month</sup> *1* <sup>Day</sup> *23* <sup>Y</sup> *66* <sup>M.</sup> *66* <sup>D.</sup> *66* <sup>Native of</sup> *Germany* <sup>Occupation</sup> *carpenter*

☒ Male ☐ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Divorced ☐ Number of children living *none*

Husband of \_\_\_\_\_  
Wife of \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cause of Death ☐ Primary ☒ Immediate *Pneumonia* *93* <sup>How long sick</sup> *4 days*  
☐ Accident, Suicide, Homicide

Reported by *T. B. Bussey Md*

Added *1*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sadie Schleyel

Died at <sup>Town</sup> Hospital for Consumptives <sup>County</sup> Howard

MARYLAND

Date 1912 1 19 Age 37 4 8 Native of Russia Occupation Clerk

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 4

Husband of Moses Schleyel

Wife

Father's Name Paul Krum

Mother's Name Paul Krum

Cause of Death { Primary Tuberculosis 27

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Frank R. Rich

Address

Lawson and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

George Schneider

Town

Canton

County

Baets, Co

MARYLAND

Died at

Date 1902  
 Month 1 Day 2 Age 6 Y. M. D. Native of Ma Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living none

Husband of

Wife

Father's Name

Wm. Schneider

Mother's

Maiden Name

Minnie Schneider

Cause of

Primary

Drunken

How long sick

3 days

Death

Immediate

4 Convulsions

Accident, Suicide, Homicide

Reported by

A. W. Churchill

Address

1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1<sup>er</sup> Evangelii leem

Adrian.

Name in Full

Certificate of Death

George. W. Schroder

Died at

Town  
Gorantown

County

Balt. Co.

MARYLAND

Date	1902	Month	1	Day	27	Age	32	Y.	10	M.		D.		Native of	America	Occupation	Bookkeeper
	Male		White		Married												
	<del>Female</del>		<del>Colored</del>		Single												
																	Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wife dead.

Jacob Schroder

Mother's

Name

Matilda Schroder

How long sick

Mar 1900

Primary Phthisis Pulmonalis

Immediate Pulmonary Hemorrhage

Accident, Suicide, Homicide

Dr John A. Egan

1918 Penna Ave

Original



Name in Full

Certificate of Death

Died at

Date 1902

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Name in Full *Josephine Seaton*  
 Town *Rundellstown* County *Baltimore*  
 Died at *Baltimore* Month *1* Day *29* Y. *1* M. *08* D. *18*  
 Date 1902  
 Age *108*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Cause of Death { Primary *Focal Impaction* Immediate *Paralysis of Bowels* } How long sick *2 weeks*  
 Accident, Suicide, Homicide \_\_\_\_\_  
 Reported by *John E. Baltz*  
 Address *Hurricane Hill Md.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Month

Day

Age

~~Married~~

Single

Y.

M.

D.

Native of

~~Occupation~~

MARYLAND

Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Raymond L. Shanklin

Baltimore

County

Jan 12

1 - 14

md

White

~~Colored~~~~Widow~~~~Widower~~

Number of children living

Wm. J. Shanklin

Alice E. Borgan

marasmus

100

6 months

~~accident, suicide, homicide~~Rev. W. Grammer - Undertaker  
Rossville

Baltimore

Entertainment at  
Perryhall M. E.  
Church

Geo W. Grauman  
undertaker

#84

Name In Full

Certificate of Death

Mary E. Shaw

Town

County

Died at

MARYLAND

Died at Batonsville Balto. Co.  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 - July 31 Age 72-0-0 D.C. None  
~~Male~~ White ~~Marrried~~ Widow ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 0

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Melancholia Immediate Bronchitis - 68 How long sick 4 days -  
Unknown Unknown ~~Accident, Suicide, Homicide~~

Reported by

Address

J. Percy Wade M.D.  
Batonsville Md -  
ma hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*William Henry*

Died at *St Agnes Sanatorium* Town *Balt. Co.* County

MARYLAND

Date 19 *02* January *21* Month Day Y. M. D. Native of *N.Y. State* Occupation *Japanese*  
*Male* *White* *Married* *Widow* *Divorced*  
~~Female~~ ~~Colored~~ ~~Single~~ *Widower* Number of children living

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of { Primary *Paralysis of Lower Extremities* How long sick *13 months*  
 Death { Immediate *In exhaustion from above* Accident, Suicide, Homicide

Reported by *Dr. Lusk*Address *1938 Linden Ave* *Balt Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

16 1558 Hrygle Th-

Name in Full

Certificate of Death

Dennis Shea

Died at <sup>Town</sup> Mt Washington <sup>County</sup> Balto MARYLAND

Date 1902 1 13 | Age 37 - - | U. S | Store Keeper  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Singl~~ ~~Widower~~ Number of children living 2

Husband of Mary Dorson  
 Wife  
 Father's Name not Living

Mother's Name not Living

Cause of Death { Primary Gastritis  
 Immediate Exhaustion 104  
 How long sick 3 months  
 Accident, Suicide, Homicide

Reported by Morris Shanks M.D.

Address Mt Washington Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

S<sup>t</sup> Mary's Lane  
Govanston



M Fahy & Sons



Wm A. Shek

Died at <sup>Town</sup> Batonsville <sup>County</sup> Balto - MARYLAND

Date 1902, Jan. 31 Age 24-0-0 md. Occupation Clerk  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband  
of  
Wife

Father's Name Wm Shek Mother's Name Annie Shek

Cause of Death { Primary Melancholia Immediate Inanition } How long sick 3 weeks.  
66 Accident, Suicide, Homicide

Reported by J. Percy Wade

Address Batonsville Md  
Ind Hosp. for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Harriet Smith

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

near Sunny Brook, Baltimore

Jan 30th

Age

68

-

-

Md.

housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living One

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Cancer

Death

Immediate

Cancer

Mother's

Maiden Name

unknown

How long sick

2 years

Accident, ~~Swindle~~, Homicide

Reported by

Address

Geo. S. Green, M.D.  
Sitting Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

/ 32

MARYLAND

Died at <sup>Town</sup> *Mt. Winans* <sup>County</sup> *Balto*

Date 1902 <sup>Month</sup> *Jan* <sup>Day</sup> *30* <sup>Y.</sup> *9* <sup>M.</sup> *—* <sup>D.</sup> *—* <sup>Native of</sup> *Balto, eo* <sup>Occupation</sup> *—*

Male *White* *Marrried* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Josiah Sparks*

Died at *Corbett* Town *Balto. Co.* County MARYLAND

Date 19*02* Month *Jan* Day *6* Age *68* Y. *-* M. *-* D. *-* Native of *Md* Occupation *Farmer*

Male *White* Married *Widow* ~~Single~~ Female *Colored* ~~Single~~ *Widow* Number of children living *Two*

Husband of *Margaret A. Sparks (deceased)*

Father's Name *Aaron Sparks* Mother's Maiden Name *Elizabeth Sparks*

Cause of Death { Primary *Chronic diarrhoea* Immediate *Exhaustion* 10500 How long sick *3 wks.* Accident, Suicide, Homicide

Reported by *Walton Bolyard M. D.*

Address *2020 N. Ches. St., Baltimore, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

John D. Spellisay

Town

County

Died at Mt Hope Retreat Balto

MARYLAND

Date 1902 1 8

Month Day Y. M. D.

Age 44 - -

Native of Baltimore

Occupation Laborer

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

74

Cause of

Primary

Paralysis (Bulbar)

How long sick

5 mos.

Death

Immediate

Ex. Convulsions.

Accident, Suicide, Homicide

Reported by

F. J. Filanney M.D.

Address

Mt Hope Retreat Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78004



Name in Full

Certificate of Death

George Steigler

Town

County

Died at

MARYLAND

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 22<sup>nd</sup>

Age 35 6 17

Barania

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

~~Wife~~

Gretchen Gollus

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Malignant Endocarditis

How long sick

8 weeks

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Eldred M.D.

Address

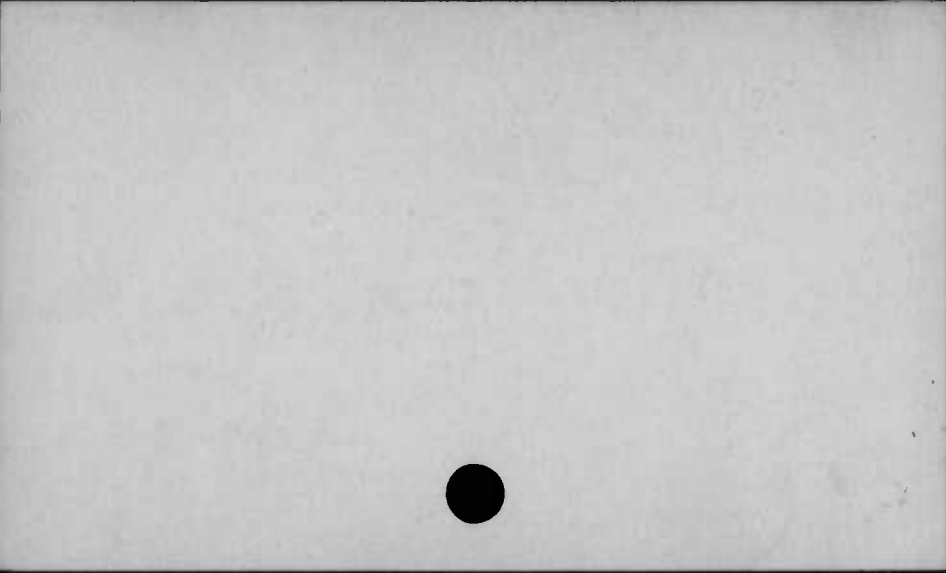
Spencer's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Spencer Point. Town Beth. County MARYLAND  
 Date 1902 Month Jan Day 3<sup>rd</sup> Age 2 Y. - M. - D. - Native of Ind Occupation None  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 105  
 Husband of Wilson Stokes Mother's Name Johnnie Evans  
 Cause of Death { Primary Mumps How long sick 2 months  
 Immediate Mumps Accident, Suicide, Homicide \_\_\_\_\_  
 Reported by Frank Eldred MD  
 Address Spencer Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Agnes <sup>of</sup> Thurman

Town Catonsville

County

Baltimore

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Jan 13

Age

43

-

1

MD

Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

4

~~Huband~~ of

Wife

Father's

Name

Henry L Thurman

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

5 years

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Wm J Macgill M.D.  
Catonsville

Address

Interment at New Cathedral  
cemetery. F. A. Krause & Bro  
Undertakers



Name in Full

Certificate of Death

Lizzi Turnbaugh

Town

County

Died at

Dover

Balto.

MARYLAND

Date

1902

Month

Jan

Day

29

Y.

M.

D.

Age

68 - -

Native of

Md.

Occupation

Housewife

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Peter Turnbaugh

Mother's

Name

Cause of

Primary

Heart Enlargement

How long sick

months

Death

Immediate

Lo Grippe

Accident, Suicide, Homicide

Reported by

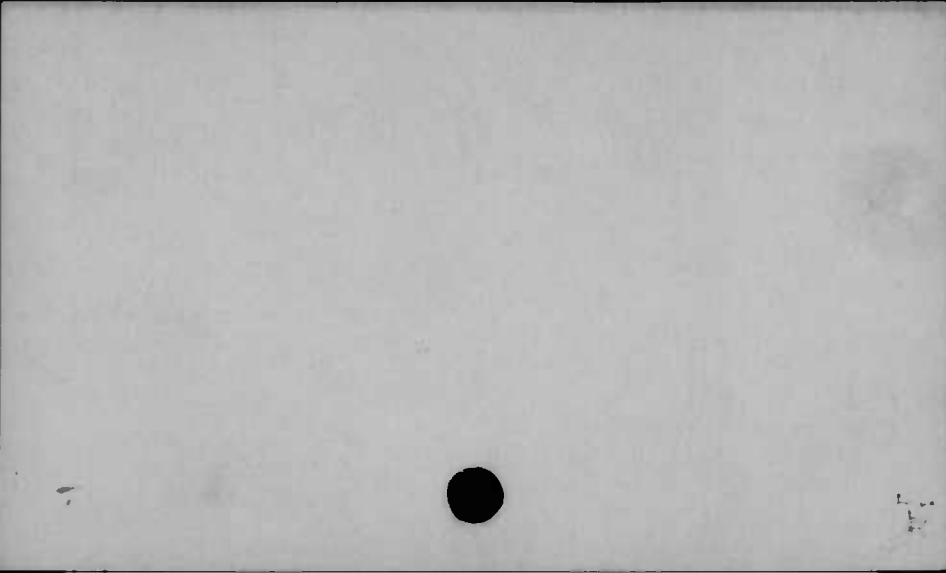
James Good M.D.

Address

Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958



Name In Full

Certificate of Death

William S. Watts

Died at

Town

Catonville

County

Ball

MARYLAND

Date

1902

Month

Jan

Day

5

Y.

21

M.

11

D.

24

Native of

Ma

Occupation

Plumber

Male

White

Married

Widow

Divorced

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Mary Emily Watts

Cause of

Primary

Pulmonary Tuberculosis

How long sick

10 m

Death

Immediate

Asphyxiation

Accident, Suicide, Homicide

Reported by

Charles S. Wallfeldt m

Address

Catonville  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Joseph Maude*  
 Died at *Granite* *Balto.* *MARYLAND*  
 Town County

Date *1902 Jan 26* Month Day Y. M. D. *27* *4* *10* Native of *Dr. Va.* Occupation *Married*  
 Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of *\_\_\_\_\_*  
 Wife *\_\_\_\_\_*

Father's Name *Joseph Maude* Mother's Maiden Name *Mary E. C.*

Cause of Death { Primary *Accident. "Fractured Cranium"* How long sick *12 Hours.*  
 Immediate *Mononucleosis, shock & exhaustion.* Accident, Suicide, Homicide

Reported by *Wm. H. Ward. A.B.-M.D.*

Address *Granite. Balto. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

M<sup>rs</sup> Clarissa L. Warfield

Town

County

Died at

Catonsville

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Jan 18

Age

81 10 16

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Deceased~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Husband

of

Wife

Father's

Name

S. J. Warfield

Mother's

Name

154

Cause of

Primary

Senile decay

How long sick

About 12 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. S. Macmillan

Address

Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at *Jessie Wheat* Town *Herrnwood* County *Bullo* MARYLAND  
 Date 19 *02* Month *1* Day *28* Y. *76* M. *0* D. *3* Native of *Ind -* Occupation *manufactory*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *4*

Husband of *Margaret Wheat*  
 Wife *Mr. Wheat* Father's Name *Delilah Bryan* Mother's Maiden Name

Cause of Death { Primary *Cerebral hemorrhage of heart* How long sick *24 hrs.*  
 Immediate *Heart failure* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Lizzie White* Town *Bay View* County *Baltimore* MARYLAND

Date 1902 Month *1* Day *5* Age *74* Y. *-* M. *-* D. *-* Native of *England* Occupation *Domestic*

Male *White* Married *Widow* Divorced *Number of children living*

Female *Colored* Single *Widower*

Husband  
of  
Wife

Father's  
Name

Mother's  
Maiden Name

*64*

Cause of Death { Primary *Hemiplegia Bed bound*  
Immediate *asthma*

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

538

Annie Wienbold

MARYLAND

Died at <sup>Town</sup> Highlandtown<sup>County</sup> Balto

Month Day

Y. M. D.

Native of

Occupation

Date 1902

1 - 24

Age

1 -

NS.

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Wienbold

Mother's Maiden Name

Annie Dunabower

Cause of

Primary

Capillary Bronchitis

How long sick

10 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

C. N. Otley, M.D., 97

Address

2. W. 1st St. W. [Redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H Sanders & Son

Sacred Heart Cemetery

Name in Full

Certificate of Death

Mrs Elizabeth Williams-

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Balto Co MARYLAND

Date 1902      Month 1      Day 21      Age 60      Y. M. D.      Native of Delaware      Occupation wife of farmer

Male      White      Married      Widow      Divorced

Female      Colored      Single      Widower      Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Mammary Cancer

How long sick

9 wks.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Frank J. Flannery

Address

Mount Hope Retreat, Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892

Belongs near Cambridge  
Maryland



Name in Full

Certificate of Death

Name in Full *Emily Williams*  
 Died at *Town* *Barco* County *Barco* MARYLAND

Date *1902* Month *1* Day *4* Age *50?* Y. M. D. Native of *Townson* Occupation *Servant*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living

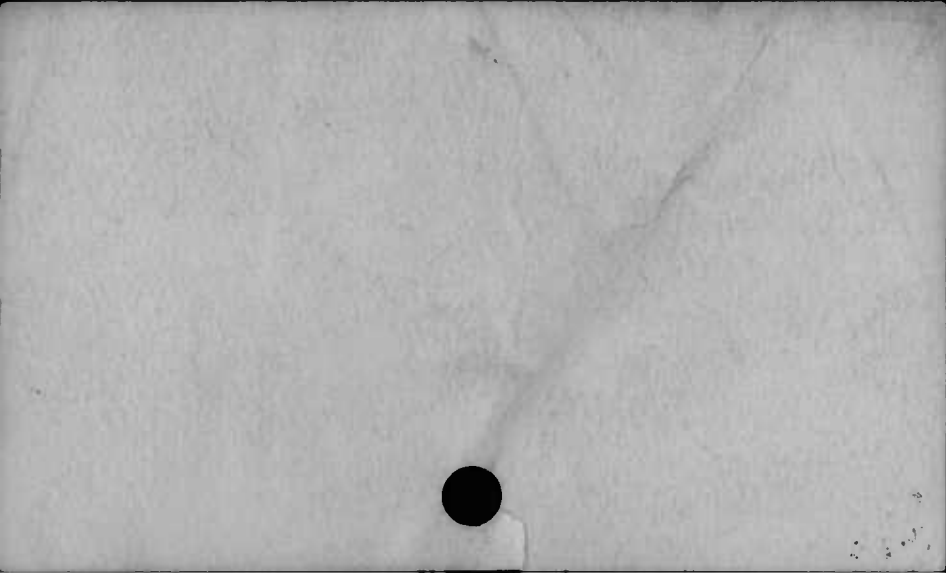
Husband of *William Williams*  
 Wife *William Williams*  
 Father's Name *Diggs* Mother's Name *27*

Cause of Death { Primary *of Pulmonary* How long sick *6 months*  
 Immediate *Cholera* Accident, Suicide, Homicide

Reported by *Dr. H. Hoelstein M.D.*

Address *Barco, Sta. D. Barco Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Winifred Wodsworth.

Town

County

MARYLAND

Died at Mt Hope Reformatory Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

22<sup>nd</sup>

Age

18

-

-

Ill-

None

☒ Male☐ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower☐ Number of children livingHusband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pul. Tuberculosis -

How long sick

Death

Immediate

Exhaustion -

Accident, Suicide, Homicide

Reported by

Frank J. Flannery

Address

Mt Hope Reformatory Baltimore Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Came to this state sick -  
Not insured - Belongs  
to State of Ill.

Still Birth

Died at *Arlington* Town *Calto Co* County *MARYLAND*

Date 1902 *Jan 26* Month Day Y. M. D. Native of Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Sacred Heart - Cemetery

Germanus France

Undertaker



Name in Full

Certificate of Death

George Geigler

Died at <sup>Town</sup> Holbrook

County

Bullo

MARYLAND

Date 1902      Month 1      Day 19      Y. -      M. -      D. 16      Native of Mass      Occupation Infant

Male      White      ~~Married~~      ~~Widow~~      ~~Divorced~~

~~Female~~      ~~Colored~~      Single      ~~Widower~~      Number of children living

Husband of

Wife

Father's Name Ernest Geigler

Mother's Maiden Name Fannie Barker

Cause of

Primary

1 Blue Baby

150

How long sick

Death

Immediate

Reumantism

Accident, Suicide, Homicide

Reported by

J. S. Ball, M.D.

Address

Hillsmanville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

